



Citizenship and  
Immigration Canada

Citoyenneté et  
Immigration Canada

# INTERIM FEDERAL HEALTH PROGRAM



## Information Handbook for Health-Care Providers



FAS Benefit Administrators Ltd.

Updated November 2006

This information handbook is published by:



FAS Benefit Administrators Ltd.  
IFH Program Priority Processing  
9707 – 110 Street, Suite 901  
Edmonton, AB, Canada  
T5K 2W8  
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## IFH Program Facts

Under a 1957 order-in-council, the federal government is authorized to cover limited health services for certain immigrants (now almost exclusively limited to refugee claimants and Convention refugees and persons detained for immigration purposes).

The Interim Federal Health (IFH) Program benefits are limited to emergency and essential health-care coverage for individuals who lack financial resources.

## Purpose of the IFH Program

The IFH Program was introduced for humanitarian reasons and provides temporary medical coverage for eligible individuals during their settlement period in Canada prior to their qualification for provincial health-care coverage.

The objective of the Interim Federal Health Program is to provide eligible clients with access to essential and emergency medical / pharmacy/ optical / dental services that will contribute to optimal health outcomes in a fair, equitable and cost effective manner.

The IFH Program is not designed to replace provincial health plans and does not necessarily provide the same extent of coverage enjoyed by permanent residents.

## Establishing Eligibility for the IFH Program

At the first point of contact with Citizenship and Immigration Canada (CIC), or as soon as possible thereafter, refugees will be assessed to determine their need for health-care coverage. If eligible, they will be issued a photograph-bearing document for health coverage.

For the most part, the documents will be valid for 12 months, although this period may vary.

## Health Benefits Covered under the IFH Program

The IFH Program provides the following:

1. Essential and emergency health services for the treatment and prevention of serious medical conditions and the treatment of emergency dental conditions;
2. Contraception, prenatal and obstetrical care;
3. Essential prescription medications; and
4. Costs related to the immigration medical examination (IME) by a designated medical practitioner (DMP).

A detailed explanation of benefits is provided to the refugee client at the beginning of the process. This detailed information is for the use of health-care providers. See the IFH Program benefit list on page 7.

Claim payments to health-care providers under the IFH Program are currently administered by FAS Benefit Administrators Ltd., located in Edmonton, Alberta. All policy decisions and final adjudication are solely the responsibility of CIC.

## QUICK REFERENCE GUIDE

### Contact Information

FAS customer service	1 800 770-2998 between 7 a.m. and 6 p.m. MST
Web site	<a href="http://www.fasadmin.com">http://www.fasadmin.com</a>
Send e-mail inquiries to	info@fasadmin.com
Medical Director fax	1 800 362-7456 (for medical approvals)
CIC administration telephone	1 (613) 954-8209

### Internet Home Page

We invite you to visit our Web site at <http://www.fasadmin.com> where you will find details of the IFH Program. This includes an up-to-date comprehensive schedule of covered benefits, submission procedures, and answers to frequently asked questions. The Web site can also be used to confirm eligibility by first selecting Client Info and then clicking on IFH Eligibility Inquiry. You will then be prompted to enter your provider number and the first three characters of your postal code as your password.

### E-mail

E-mail is an effective means of communication, eliminating the cost of long-distance charges as well as the need to wait until a customer service agent becomes available on the telephone. We encourage you to e-mail your inquiries to us with the full assurance that we will provide you with a response within 24 hours. An additional benefit to using e-mail is that you can retain a printed copy of our response. Our e-mail address is info@fasadmin.com.

### IFH Program Handbook Information

The IFH Program Handbook is available on the Internet at [www.fasadmin.com](http://www.fasadmin.com) where you can also find all necessary forms in both print and download versions.

### Voice: 24-hour/7-day toll-free number

The toll-free voice line number is 1 800 770-2998. This line incorporates a bilingual self-service menu system and a call centre for calls that need to be directed to a customer service agent. The line can be used to confirm eligibility. Call the 1-800 number and at the prompt, enter your FAS provider number. You will then be prompted to enter the first three characters of your postal code as your password. The client I.D. number found on the IFH eligibility document is required to verify eligibility. The hours of operation for the toll-free bilingual call centre are Monday through Friday, 7 a.m. to 6 p.m. MST.

## **Medical Pre-Approvals: Fax–24-hour/7-day toll-free number**

The toll-free fax line is 1-800-362-7456. This fax line leads directly to the Medical Director's office at CIC in Ottawa and is for medical pre-approvals only (dental predeterminations are to be mailed to FAS Benefit Administrators Ltd. directly).

## **Claim Forms**

The IFH Program claim forms (see samples at the back of this guide) have been designed to maximize the claim processor's speed of data entry. Though optional, your use of these forms will enhance our ability to process your claims in a timely manner.

## **Payments**

### ***Direct Deposit/Electronic Funds Transfer***

We are pleased to offer the option of directly depositing claim payments into your business account. Claims will be paid within 30 days of receipt of a completed claim form. Payment by electronic funds transfer (EFT) speeds up the payment process and eliminates mailing time. An authorization form is in the back of this guide. See page 20 of this handbook for further details about EFT.

### ***Electronic Reconciliation Statement***

When you choose payment by EFT, an electronic reconciliation statement (ERS) will be available via the Internet to allow you to reconcile the amount paid to the claim submitted. The ERS is accessed via a secure Internet connection and is designed to print a copy for your records.



## Submission Guidelines

**Claim forms and photocopies of eligibility documents may be mailed only by Health-care providers to:**

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707 – 110 Street, Suite 901  
Edmonton, AB T5K 2W8

**Please note that if you have received prior approval to provide certain services, enclosing a copy of the approval will assist in avoiding any unnecessary delays. Please ensure that you are familiar with the sections of this guide that pertain to your claim (limited benefits, regular benefits, dental guidelines, etc.).**

**All claims must be submitted within six months of the date the service was provided.**

## Eligibility Documents for the IFH Program

### IMM 1442

Currently, the document that confirms eligibility for the IFH Program is issued on form IMM 1442 (the form number is printed in the bottom left-hand corner). An eligibility paragraph stating the eligibility period is printed under “Remarks.” The document may be in French or English, and may have differently worded titles. Please refer to the sample document on page 6.

The eligibility paragraph **must** be present on the immigration documents. This paragraph confirms eligibility for the coverage period and includes the expiry date. The expiry date indicates the date benefits expire and is the **only** date to be used to confirm eligibility.

NB – The eligibility information found on the IMM 1442 is subject to change and as of December 1, 2004, health-care providers must verify the eligibility of the client by telephone or through the FAS Web site.



## Benefit List and Summary

### IFH Program Benefit List

As a guideline for health-care professionals, CIC issues refugees a benefit list that outlines the benefits covered by the IFH Program.

#### **BENEFITS**

#### **IFH Program – Information for Health-Care Professionals**

### INTRODUCTION

Coverage under this section is limited to the following:

- Essential health services only for the treatment and prevention of serious medical or dental conditions (see page 11, Dental Care Regulations, for further dental information).
- Contraception, prenatal and obstetrical care.
- Essential medications only, which must be CPS prescription drugs. These prescriptions must be the lowest-cost alternatives as found on the current IFH drug list (see [www.fasadmin.com](http://www.fasadmin.com)) or life-supporting drugs such as insulin or nitroglycerin.
  - Fees paid are based, if possible, on the provincial health-care plan. Fee codes (where applicable) must be supplied on the provider invoice.
  - Invoices must be submitted within six months of the date of service (see page 5 for submission guidelines).
  - Services requiring prior approval are listed on page 14.
- Costs related to the immigration medical examination (IME) by a designated medical practitioner (DMP).

**Note to specialists:** IFH will pay Provincial Health Insurance Plan fee rates to specialists for emergency or essential care, where a patient has been referred by a general practitioner. If no referral is involved, payment will be at general practitioner rates. Prior approval is required for prolonged care.

## **BENEFIT SUMMARY**

### **I SERVICES NOT REQUIRING PRIOR APPROVAL**

#### ***General Medical/Dental***

- IME performed by an authorized DMP
- Emergency and essential health services only for medical conditions: doctor visits, emergency and essential treatments for serious illness or injury, standard immunizations.
- Emergency and essential treatment only for dental conditions.
- Prenatal, obstetrical and contraceptive care: all necessary prenatal services such as doctor examinations and blood work; obstetrical care; birth control methods such as prescription pill and intra-uterine devices.
- All diabetic supplies such as strips, needles, etc.
- Necessary medical supplies (lowest provincial rates).

#### ***Laboratory Tests, X-Rays***

- If clinically indicated or specifically requested by CIC (routine tests are not covered).

#### ***Vision***

- Eye examinations, once a year if the patient has a presenting eye complaint only.

#### ***Hospitals, Clinics***

- Therapeutic abortions.
- Emergency or essential surgery at the professional discretion of the surgeon or doctor.

#### ***Prescription Drugs***

- Essential medications only (low-cost generic and first-line only)
- Drug costs must be separate from the dispensing fee on the claim form.

#### ***Miscellaneous***

- Essential immunizations as per standard covered by public funds for Canadian residents.
- All in-hospital psychiatric care (by a psychiatrist only) and outpatient consultations and follow-up. (All other psychiatric care, such as office-based psychotherapy, requires prior approval.)
- Ambulance services and transportation for emergencies.
- Anesthesia, in line with the provincial fee guide.

## **II SERVICES REQUIRING PRIOR APPROVAL**

- Elective surgery (e.g., rhinoplasty)
- Diagnostic services (surgical, laboratory or x-ray) when no significant medical short-term complications are foreseen
- Non-emergency dental services (see Dental Care Regulations on page 11)
- High-cost procedures such as transplants or lithotripsy
- Plastic surgery for esthetic purposes only (some exceptions may be allowed, e.g., for severe disfigurement)
- Ambulance services or transportation (unless it's an emergency)
- Alcohol treatment centres
- Allergy testing/desensitization
- Eyewear (visual acuities required for all patients)
- General assessments, counselling and psychotherapy provided by a general practitioner
- Hearing aids
- Infertility work-up
- Orthotics
- Wheelchairs and other rental equipment
- Podiatry
- Speech pathology
- Sports medicine and physiotherapy
- Over-the-counter medications (even if prescribed by a physician) other than nitroglycerin or diabetic supplies

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See Pre-Approval Procedures on page 14 for more details.

### **III SERVICES NOT COVERED**

Acupuncture treatments

Routine examinations and treatment

Any medical or dental service or medication provided solely due to a patient's request (e.g., cholesterol tests)

Chiropractic treatments

Fertility treatments

Homeopathy/Naturopathy

Massage therapy

Treatments for motor vehicle accidents when automobile insurance is applicable

## DENTAL CARE REGULATIONS

### ONLY EMERGENCY OR ESSENTIAL DENTAL SERVICES COVERED

Emergency services are defined as procedures to alleviate pain and active infection, hemorrhage and the result of oral trauma.

Essential services are procedures for serious dental problems that remain once the emergency services have been provided. These services, defined below, must be submitted to FAS for predetermination.

Although emergency benefits are not subject to a dollar maximum, the amounts allocated for emergency treatment will be carefully scrutinized. Dentists should evaluate treatment on a priority basis.

The IFH Program is intended to cover only the following:

- Initial services are limited to emergency relief of pain or infection only. Where the treating dentist considers further treatment necessary and essential, submission to FAS for predetermination must be made before treatment is begun.
- Emergency exams (no more than once every six months per dental office). Complete oral exams and recall exams are not covered.
- Panoramic radiograph or eight periapical x-rays (but not both) will be allowed during the entire eligibility period. X-rays must be clear and discernible and properly labeled or they will be returned. Bite-wing x-rays are not a covered expense. NB: digital X-rays are acceptable.
- All restorations must be predetermined by submitting clear and discernable x-rays. Restorations are covered for severely affected teeth only. Pre-approved permanent fillings are restricted to the following: **non-bonded amalgam fillings** on molars and bicuspids, and bonded composite resin fillings on anterior teeth. Fillings will be paid on a continuous surface basis only. Restoration of incipient lesions or those not visible on an x-ray are considered routine care and will not be covered.
- Scaling and root planing are not covered.
- Emergency extractions are covered but ALL claims using “difficult” extraction codes must be submitted with x-rays for justification.
- Drug prescriptions (only those needed to treat the emergency condition).
- Denture placement will be considered where there exists significant eating problems or where frontal tooth deficits cause an untoward appearance – predetermination is mandatory. Partial dentures to replace only posterior teeth will not be covered. Relines will be considered only after six months of placement of dentures. All prosthetic requests should be accompanied by the completed Dental Predetermination Form and submitted with either eight periapical x-rays or Panorex.
- Anesthetic under age 13: four units allowed; age 13 and older: eight units allowed. All anesthetic must be submitted for predetermination.
- Each dental claim submitted requires x-rays.

Effective December 1, 2004, dental claims may be submitted electronically. FAS' unique identifier, or "BIN," is 610614. The policy number is 999. Both CDAnet Version 2 and Version 4 are supported.

NB: Please use the client I.D. number found on the IFH document, not a social insurance number, when submitting claims.

If you do not know your provider number, call 1 800 770-2998 to speak with one of FAS' call centre agents.

Please note that payment will be made to providers only.



## **EXCLUSIONS TO DENTAL CARE**

The following dental services and fees are not covered under this program:

- Root canal treatments, orthodontics and permanent prosthetics
- Intravenous sedation and nitrous oxide
- Prophylaxis and fluoride
- Facility fees
- Specialist fees(unless specially approved for oral surgeons and pedodontists)
- Pulpotomies and stainless steel crowns

## **FEES**

Payment will be made at 100% of applicable current general practitioner provincial/territorial dental fee guide. Where the guide may allow a fee range, only the lowest fee of the applicable range will be reimbursed.

Predetermination requests should be mailed with x-rays and all fee codes to FAS Benefit Administrators Ltd.

## **Pre-Approval Procedures**

### **General Information**

- The IFH claim forms at the end of this guide are designed to assist you in requesting approval prior to the provision of certain services.
- Always confirm eligibility before submitting your request.
- “Pre-Approval–Urgent” should be indicated on either the envelope when mailing or on your fax transmittal sheet when faxing. Please note that medical pre-approvals are sent to CIC (see toll-free fax number below), not FAS. Dental predeterminations are sent to FAS directly.

### **Medical and Allied Health-Care Provider Requests (except dentists)**

Requests must include current International Code for Diseases (ICD) codes. Include clinical details that may assist in making a coverage decision.

### **Optical Requests**

Optometrists are reimbursed as per CIC guidelines. Ophthalmologists will be paid according to provincial insurance rates. Please note that the provision of eyewear requires prior approval.

Information for pre-approval must include:

- A prescription;
- Visual acuities expressed as a fraction of 20/x, near and far (if applicable), unaided or with existing eyewear (indicate which); and
- Cost of eyewear.

### **Prescription/Pharmaceutical Requests**

Include the name of the drug, drug identification number (DIN), dispensing fee and ingredient cost.

#### **DIRECT MEDICAL PRIOR APPROVAL REQUESTS TO**

Medical Director, IFH/CIC  
219 Laurier Avenue West, 3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
Toll-free fax: 1 800 362-7456

## **Dental Requests**

Send your request by mail only and include x-rays. A dental predetermination form is included in the back of this guide. Dental predeterminations must be sent to:

IFH PROGRAM–DENTAL PREDETERMINATIONS

FAS Benefit Administrators Ltd.

9707 – 110 Street, Suite 901

Edmonton, AB T5K 2W8

## **GENERAL INFORMATION FOR THE DESIGNATED MEDICAL PRACTITIONER**

Generally, only DMPs are mandated to perform the IME for the refugees eligible under the IFH Program. In certain cases, CIC may approve a non-DMP to perform the IME. Unless authorized by CIC, FAS will not reimburse a non-DMP for the IME. The IME must be sent to Ottawa as required in the DMP information handbook. However, the invoice for this service must be sent to FAS.

Refugees will not be “furthered” for complementary tests and investigations unless there is a public health concern (e.g., tuberculosis). However, if you receive a request for a furtherance (e.g., cardiovascular problems or developmental delay) that is not related to public health, it is likely an error; the requesting CIC medical officer may not be aware that the patient is a refugee. Return the request letter to the medical officer (see page 15 for the address) informing him or her that the applicant is a refugee. You may also contact the IFH by telephone at (613) 954-8209 or by toll-free fax at 1 800 362-7456.

Please also ensure that the refugee claimant status of the individual appears on the first page of the IMM 1017 and that the IMM 1017 is duly completed.

## Frequently Asked Questions

### **Who determines eligibility?**

Eligibility is determined by a CIC officer after an interview with the refugee or refugee claimant. Refugees or refugee claimants who have any questions regarding procedures or services covered by the program must contact a local CIC office. Telephone numbers for local CIC offices can be found in your local telephone book. Only CIC immigration officers can grant eligibility for the IFH Program. FAS or IFH should not be contacted for this purpose.

### **What is covered?**

The IFH Program only provides emergency and essential health-care coverage to refugee claimants and certain categories of refugees who lack financial resources, pending their access to provincial health-care coverage. Prior approval is required for health care that is beyond the scope of coverage as described in the Benefit List section of this guide on page 7.

### **Can I get prior approval over the telephone?**

No, approvals will not be given over the telephone. Written pre-approval is required for all non-emergency and non-essential services.

### **What fee schedule is paid?**

Reimbursement is in accordance with the current provincial health insurance rates (where applicable) or standardized IFH rates as listed on page 22 of this guide.

### **Where should I send my claim?**

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707-110 Street, Suite 901  
Edmonton, AB T5K 2W8

### **When will I be paid?**

Payment will be made within 30 days after confirming the invoice, the allowable service, the procedure codes and the refugee's complete documentation. Cheques and EFT payments are issued twice a month. Please allow up to six weeks from the date of mailing to FAS for receipt of your payment. We encourage providers to take advantage of EFT to eliminate time delays due to mailing.

**The refugee doesn't have the proper forms or the eligibility period has expired. What should I do?**

As the administrator of the IFH Program, FAS is only permitted to reimburse providers for clients with complete and up-to-date documentation. Please ask the client to contact the appropriate CIC office to obtain the proper documents.

**Can refugees be asked to pay for any service?**

No, you may submit the complete documents to FAS Benefit Administrators for payment. All other services outlined in the IFH Benefit Summary are covered and paid for by the IFH Program. (Note: If a refugee has paid for a service, FAS will not be able to reimburse the refugee. FAS is only authorized to pay health-care providers.)

### Cheques vs. Electronic Funds Transfers/Electronic Reconciliation Statements

There are two payment methods offered by FAS. Both methods come with a corresponding reconciliation statement to explain the payment.

1. **Payment by cheque** payment is available to all providers. If you choose this method, please note that payments are generated bi-monthly and mailed to you. The reconciliation details are given on the cheque stub.
2. EFT/ERS is available to providers whose financial institution is capable of accepting electronic funds transfers, and to providers who have Internet access. **Payment by EFT is made twice a month directly into your specified bank account.** The reconciliation statement is updated on the Internet within five business days of the payment. Please note that if you choose EFT, you will receive your reconciliation notification via ERS.

The claims submission process does not change with the method of payment. Providers submit invoices by mail (claim forms are at the back of this guide) with the appropriate eligibility documents.

To apply for an EFT/ERS payment, please complete the Electronic Funds Transfer Authorization Form at the back of this guide.

### Duplicate Payments

There may be instances where you discover you have received a duplicate payment for the same service, or for the same patient or refugee. It would be appreciated if you would return the cheque, marked “duplicate payment,” by mail to FAS. Please also provide as much information as possible regarding the duplicate payment. This information should include the date of service, the patient’s name and client ID number, the FAS claim number for the first payment you received, and the name of the person or institution who made the first payment if other than FAS.

### Statement of Account

Please **do not** send a monthly statement of account.

### Audits

The IFH Program reserves the right to perform random or annual audits of any provider billing under this program.

**\*\*\*Note: Fee Increases Effective April 1, 2006\*\*\***

## **IFH Hospital Facility Fee Codes for All Provinces**

To process a claim for hospital facility fees, please refer to the following codes on your claim form. The maximum fees payable, set by the IFH administration and **effective April 1, 2006**, are also included for your information.

<b>Description</b>	<b>Code</b>	<b>Fee</b>
Emergency room visit (one per day)	99500	\$89.25
Outpatient visit (if patient is seen by a doctor; one per day)	99501	\$25.46
Inpatient per diem (acute care, maximum 45 days)	99650	\$636.83
Inpatient per diem (non-acute or long-term care)	99651	\$191.10
Newborn inpatient per diem	99650	\$214.73
Day care surgery (one per day)	31	\$191.10
Dialysis (facility fee only; one per day)	85	\$191.10
Chemotherapy (facility fee only, one per day)	85	\$57.33
Physiotherapy in hospital	62	\$25.46
Lithotripsy	31	\$636.83
CT scan	87	\$191.10
MRI	87	\$191.10
Rehabilitation	62	\$57.33

## **Other Fees Set by IFH Administration**

IME \$93.61

Ambulance \$159.18 plus \$2.24 per kilometre

Home care visits \$23.10 per visit

Nursing visits \$50.93 per visit

Vision care services provided by optometrists (all prices include glasses case):

Frames and lenses \$117.81

Regular bifocals \$162.33

With astigmatism - bifocals \$175.09

With astigmatism - frames and lenses \$124.16

Eye examinations performed by an optometrist \$ 51.98



## Exclusion Codes

If you do not receive a payment for a service, see the following explanations corresponding to the codes listed on your reconciliation statement or explanation of benefits.

- 10 Only designated medical practitioners can perform immigration medical exams.
- 11 Please provide diagnosis.
- 12 These diagnostic costs are not covered.
- 13 Routine medical visits are not covered.
- 14 Prenatal courses are not covered.
- 15 Please submit a duly completed IMM 1017 form with an OPM stamp or an IMM 1017 form with a valid IFH IMM 1442 document.
- 16 Claims incurred as a result of a motor vehicle accident are not covered under the IFH Program.
- 17 Please provide the referring physician's name and resubmit.
- 18 Please advise if this is general or local anesthesia. If general, please provide the name of the anesthesiologist.
- 20 Please provide tooth codes for this service.
- 21 As per the dental consultant's review, non-emergency or routine treatment is not covered under the IFH Program.
- 22 Please submit radiographs for review by the dental consultant.
- 23 1 Panorex or eight periapical x-rays (but not both) are allowed during the entire eligibility period.
- 24 Based on the x-rays submitted, the dental consultant has declined this service.
- 25 We have allowed benefits for an emergency examination.
- 26 Emergency examinations are only covered once every six months.
- 28 We have allowed benefits for a non-bonded amalgam filling.
- 29 We have allowed benefits for a transitional denture.
- 30 Visit limitation of one filling per tooth per lifetime has been reached.
- 31 Over-the-counter products are not covered.
- 32 This benefit has been adjusted to the lowest cost-alternative price.
- 33 The allowed ingredient cost has been set by the IFH administration.
- 34 Dispensing fees assessed at provincial maximum under the program.
- 35 Dispensing fees for over-the-counter products are not reimbursable under the program.

- 36 Please supply the DIN for this item.
- 37 This adjustment represents the fee increases as indicated by the province.
- 38 Quantities dispensed, dispensing fee and ingredient costs must be shown separately.
- 39 This medication is not covered without special approval.
- 40 Routine eye examinations are not covered.
- 41 All eyewear must be pre-approved.
- 42 Only basic corrective glasses are covered.
- 43 This adjustment represents the OHIP fee increases effective April 1, 2004.
- 44 On April 1, 2005, the Circulaire laboratory guide changed its codes from four digits to five digits. Please submit the correct codes.
- 45 Please note that all diagnostic and laboratory services are included in the in-patient per diem.
- 46 This claim has had a fee adjustment applied in accordance with the rate increase effective April 1, 2006.
- 47 Eyewear is limited to once every two years unless specifically approved by the IFH office.
- 48 Please submit a copy of the pre-authorization obtained for the IFH office for this medical examination.
- 49 Written diagnoses are no longer accepted since October 15, 2006. Valid ICD codes are required.
- 51 Please indicate provincial procedure codes for services provided.
- 52 The procedure code has been altered to reflect the IFH guidelines.
- 53 Documentation is missing or incorrect.
- 54 Date of birth missing.
- 55 Name of participant missing.
- 56 Client ID number missing.
- 57 Please provide the total number of units.
- 58 Newborn proof of birth missing.
- 59 Date of service missing.
- 60 Immigration form IMM 1442 with eligibility information required.
- 62 Invoice is missing or incorrect.
- 64 Name or DOB on invoice does not match immigration document.
- 65 Refugee was not eligible for benefits when the service was provided.
- 66 Duplicate service provided on a prior claim.

- 67 This service is not covered.
- 69 IFH is the payer of last resort.
- 70 Payment declined—prior approval was not obtained.
- 71 Amount withheld for previous overpayment.
- 73 Maximum amount payable under the IFH Program.
- 74 Your predetermination is approved in the above amounts.
- 76 Sent to our medical/dental consultant for review.
- 77 Refugee is not eligible for benefits at the time of this predetermination.
- 78 This claim is not covered as it was received after the six-month allowable submission period.
- 98 EDI claim pending processor review.

## Forms

- Medical Services Claim Form
- Hospital Services Claim Form
- Optical Services Claim Form
- Pharmaceutical Services Claim Form
- Dental Services Claim Form
- Dental Predetermination Form
- Electronic Funds Transfer Authorization
- Change of Address Notification

**Claim forms and a photocopy of eligibility documents may be mailed only by health-care providers to:**

IFH Program Priority Processing  
FAS Benefit Administrators Ltd.  
9707 – 110 Street, Suite 901  
Edmonton, AB T5K 2W8

**Please note that if you received prior approval to provide certain services, enclosing a copy of the approval will assist in avoiding unnecessary delays. All claims must be submitted within six months of the date the service was provided.**

**Toll-free information line for health professionals only: 1 800 770-2998**

## IFH Program - Medical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim # \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>	<b>REFUGEE ID#:</b>
LAST NAME	FIRST NAME

<b>DATE OF BIRTH:</b>	MONTH: _____	DAY: _____	YEAR: _____
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____ <b>or ? <input type="checkbox"/> see accompanying documents</b>			

<b>PROVIDER (TO WHOM CHEQUE IS MADE PAYABLE)</b>	<b>FAS PROVIDER #</b>
<b>SPECIALTY (IF APPLICABLE)</b>	NAME OF REFERRING PHYSICIAN (IF YOU ARE A SPECIALIST)
NAME (LAST)	(FIRST)
ADDRESS	
CITY	PROVINCE
POSTAL CODE	PHONE NUMBER (            )

INVOICE NUMBER (FROM YOUR OWN OFFICE)	FEE CODE/ SERVICE PROVIDED	ICD CODE	SERVICE DATE (MM/DD/YY) TIME OF REPEAT VISIT.	#ANAES/ BASIC TIME UNITS	AMOUNT CLAIMED
					\$
					\$
					\$
					\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd.

9707 - 110 Street, SUITE 901

Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

## IFH Program - Hospital Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

☐ **Hospital Stay**

☐ **Hospital Services**

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH:	DAY: YEAR:
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____			
TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER ( )	

INVOICE NUMBER (FROM YOUR OWN OFFICE)	FEE CODE OR SERVICE PROVIDED	ICD CODE	# ANAES/ BASIC TIME UNITS & NAME OF ANES.	DATE ADMITTED (MM/DD/YY)	DATE DISCHARGED (MM/DD/YY)	AMOUNT CLAIMED
						\$
						\$
						\$
						\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.

TOLL FREE: 1-800-770-2998

9707 - 110 Street, SUITE 901, Edmonton, AB T5K 2W8

October 2004

## IFH Program - Optical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		<b>YEAR:</b>	
MONTH: _____ DAY: _____		YEAR: _____	
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER (       )	

<b>PRESCRIPTION</b>		OD:		OS:	
VISUAL ACUITY		NEAR		FAR	
<input type="checkbox"/> With existing eyewear OR <input type="checkbox"/> Has no existing eyewear/unaided		OD                      OS		OD                      OS	
		20		20	

INVOICE NUMBER (FROM YOUR OWN OFFICE)	SERVICE DATE (MM/DD/YY)	SERVICE PROVIDED	REASON FOR VISIT	AMOUNT CLAIMED
				\$
				\$
				\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	<b>TOTAL AMOUNT CLAIMED</b> \$
------	-----------	------------------------	-----------------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd.

9707 - 110 Street, SUITE 901,

Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

# IFH Program - Pharmaceutical Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of address, including previous address

**Are you submitting copies of eligibility documents?**

☐ Yes☐ **No, Eligibility already on file at FAS**

**And/Or**

☐ Resubmission of FAS Claim

#

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>	<b>REFUGEE ID#:</b>
LAST NAME	FIRST NAME
<b>DATE OF BIRTH:</b> MONTH:                      DAY:                      YEAR:	
<b>IFH ELIGIBILITY:</b> FROM:                      Month _____ Day _____ Year _____	
TO:                      Month _____ Day _____ Year _____ <b>OR ? <input type="checkbox"/> see accompanying documents</b>	

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER (                      )	

[illegible]

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,

FAS Benefit Administrators Ltd. TOLL FREE: 1-800-770-2998 9707 - 110 Street, SUITE 901.

Edmonton, AB T5K 2W8

October 2004



## IFH Program - Dental Services Claim Form

☐ **Prior Approval**

Medical Director, IFH/CIC  
219 Laurier Street  
3<sup>rd</sup> Floor  
Ottawa, ON K1A 1L1  
FAX: 1-800-362-7456

☐ **Change of address**

Include written confirmation of change of  
address, including previous address

Are you submitting copies of eligibility  
documents?

☐ **Yes**

☐ **No**, Eligibility already on file at FAS

**And/Or**

☐ Resubmission of FAS Claim

# \_\_\_\_\_

**PRINT CLEARLY IN BLOCK LETTERS**

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH:	DAY: YEAR:
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____			
TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER</b> (TO WHOM CHEQUE IS MADE PAYABLE)		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER ( )	

SERVICE DATE (MM/DD/YY)	PROCEDURE CODE	TOOTH NUMBER	TOOTH SURFACE	AMOUNT CLAIMED
				\$
				\$
				\$
				\$
				\$
				\$

DATE	SIGNATURE	PLEASE PRINT NAME HERE	TOTAL AMOUNT CLAIMED \$
------	-----------	------------------------	----------------------------

**IMPORTANT: This form must be completed in full or the claim may be declined.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901,  
Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

# IFH Program - Dental Predetermination Form

PRINT CLEARLY IN BLOCK LETTERS

<b>REFUGEE/PATIENT</b>		<b>REFUGEE ID#:</b>	
LAST NAME		FIRST NAME	
<b>DATE OF BIRTH:</b>		MONTH:	DAY: YEAR:
<b>IFH ELIGIBILITY:</b> FROM: Month _____ Day _____ Year _____			
TO: Month _____ Day _____ Year _____ <b>OR</b> <input type="checkbox"/> see accompanying documents			

<b>PROVIDER (To WHOM CHEQUE IS MADE PAYABLE)</b>		<b>FAS PROVIDER #</b>	
NAME (LAST)		(FIRST)	
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		PHONE NUMBER ( )	

In order to consider your predetermination request, we require the following additional information:

1. Is the service indicated the initial placement of the appliance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which teeth were, or will be, extracted?															
2. Date(s) of the extraction(s) of this tooth or teeth: Month: Day: Year:															
3. Please advise if there are any missing teeth in the _____maxilla _____mandible which have not already been replaced and are therefore "empty spaces".															
4. Please submit a brief note describing the condition of the involved tooth/teeth at the time of submission.															
5. Please advise regarding Missing Teeth:															
	<table border="1"><thead><tr><th>Tooth # and Surf.</th><th>Procedure Code</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Tooth # and Surf.	Procedure Code												
Tooth # and Surf.	Procedure Code														

DATE	SIGNATURE	PLEASE PRINT NAME HERE
------	-----------	------------------------

**IMPORTANT: Reimbursement may be reduced to a less costly method of treatment, provided that it is consistent with good dental care.**

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901,  
Edmonton, AB T5K 2W8

TOLL FREE: 1-800-770-2998

October 2004

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION

## FAS BENEFIT ADMINISTRATORS LTD.

### INTERIM FEDERAL HEALTH PROGRAM

In order to participate in EFT/ERS you must have Internet access to log on to the FAS website and the ERS.

<b>PROVIDER INFORMATION</b>		FAS Provider#:
Name: (Last) _____ (First) _____		
Address: (Street) _____		
City: _____	Province: _____	Postal Code: _____
Change of Address (include written confirmation of change of address, including previous)		
Telephone Number: (       ) _____		Fax Number: (       ) _____
E-mail address: _____		

<b>BANK INFORMATION</b>		
Name of Bank: _____		
Address: (Street) _____		
City: _____	Province: _____	Postal Code: _____
Telephone Number: (       ) _____	Fax Number: (       ) _____	

**\*\*\*YOU MUST ATTACH A VOID CHEQUE\*\*\***

### AUTHORIZATION

Having signing authority for FAS Provider # \_\_\_\_\_ I authorize and direct FAS Benefit Administrators Ltd., as contracted for the Interim Federal Health Program, to have payment for my processed claims electronically deposited into the bank account described on the attached voided cheque. I understand that I can change this authorization by sending written notice to FAS Benefit Administrators Ltd.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Authorized Signature (*Please Print*)

\_\_\_\_\_  
Date

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901  
Edmonton, AB T5K 2W8

October 2004

# Change of Address Notification

## FAS BENEFIT ADMINISTRATORS LTD. INTERIM FEDERAL HEALTH PROGRAM

<b>Provider – NEW Address</b>		FAS Provider#:	
Name: (Last)		(First)	
Address: (Street)			
City:		Province:	Postal Code:
Telephone Number: (      )		Fax Number: (      )	
New Address Effective Date (Mo/Day/Year):			

Please check here ☐ if this doctor works out of more than one location.

<b>Provider - OLD Address</b>	Please provide your previous address to ensure the correct information will be changed on your file at FAS.		
Name: (Last)		(First)	
Address: (Street)			
City:		Province:	Postal Code:
Telephone Number: (      )		Fax Number: (      )	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Authorized Signature (*Please Print*)

\_\_\_\_\_  
Date

TOLL FREE: 1-800-770-2998

MAIL TO: IFH PROGRAM PRIORITY PROCESSING,  
FAS Benefit Administrators Ltd.  
9707 - 110 Street, SUITE 901  
Edmonton, AB T5K 2W8

October 2004

## **Glossary of Terms and Definitions**

CIC	Citizenship and Immigration Canada
CPS	Canadian Pharmaceutical Society
DIN	Drug Identification Number
DMP	Designated Medical Practitioner
EFT	Electronic Funds Transfer
ERS	Electronic Reconciliation Statement
FAS	FAS Benefit Administrators Ltd.
ICD	International Code for Diseases
IFH	Interim Federal Health
IME	Immigration Medical Examination
MST	Mountain Standard Time